

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90009 023 ***550.00

0071819 AV

DOCUMENT # P00000088083

1. Entity Name

FOSTER AND SON ELECTRICAL CORP. FIRE ALARM DMS

Principal Place of Business

**1661 SW 25TH AVENUE
 MIAMI FL 33145**

Mailing Address

**1661 SW 25TH AVENUE
 MIAMI FL 33145**

2. Principal Place of Business

720 Hillcrest Blvd.

Suite, Apt. #, etc.

3. Mailing Address

720 Hillcrest Blvd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach

City & State

West Palm Beach

4. FEI Number

65-1043047

Applied For

Not Applicable

Zip

33405

Country

FL

Zip

33405

Country

FL

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

GONZALEZ, AARON

1661 SW 25TH AVENUE

MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

AARON GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)

720 Hillcrest Blvd.

West Palm Beach

City

FL

Zip Code

33405

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **GONZALEZ, AARON**
 CITY-ST-ZIP **1661 SW 25TH AVENUE
 MIAMI FL 33145**

TITLE ☐ Delete
 NAME **ST**
 STREET ADDRESS **GONZALEZ, YANET**
 CITY-ST-ZIP **1661 SW 25TH AVENUE
 MIAMI FL 33145**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/01 (308) 970-6794
 Date Daytime Phone #

CR2E034 (5/01)